

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
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PAGE 1 OF 3

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.

SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT / PURCH ORDER NO DAKF11-99-D-0005		2. DELIVERY ORDER NO. 0016		3. DATE OF ORDER 99OCT25		4. REQUISITION / PURCH REQUEST NO. W33BL0-9285-NJ01		5. PRIORITY	
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER INSTALLATON LOGISTICS ENVIRONMENT SECT 1309 ANDERSON WAY SW FORT MCPHERSON GA 30330-1096 KATHERINE E WILLIAMS S18 (404) 464-4143				7. ADMINISTERED BY (If other than 6) See Block 6		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR Vendor Id: 00002442 STANLEY ASSOCIATES NAME AND ADDRESS 300 N WASHINGTON ST STE 400 ALEXANDRIA VA 22314				10. DELIVER TO FOB POINT BY (Date) 00NOV07		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO SEE SCHEDULE FOR ADDRESS ATLANTA GA 30330-1096				15. PAYMENT WILL BE MADE BY DFAS OR FPV ARMY VENDOR PAY BRANCH PHONE 800 950 9784 P O BOX 934400 2500 LEAHY AVE ORLANDO FL 32893-4400		13. MAIL INVOICES TO See schedule			
16. ORDER TYPE DELIVERY PURCHASE				This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					

NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
If this box is marked, supplier must sign Acceptance and return the following number of copies:							

17. ACCOUNTING AND APPROPRIATION DATA / LOCAL USE 210202000000762002P133098600025FB60JR22W33BL09285NJ01JR2260S09177		Award Oblig Amt US\$		207,984.82	
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18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE	20. QUANTITY ORDERED / ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	This is a firm, fixed-price task order for logistical support services for the DCSRM in support of the Single Stock Fund Financial Services. Task order incorporates logistical task areas 1, 2, 4, 6, 10, and 14. Performance period is base plus two, one-year options 11/08/99 - 11/07-00. Performance at Fort McPherson, GA.				

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: KATHERINE E WILLIAMS S18 <i>Katherine E Williams</i> CONTRACTING / ORDERING OFFICER		25. TOTAL \$ 207984.82	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		27. SHIP. NO.		28. D.O. VOUCHER NO.	
36. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	
40. TOT. CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	
33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		35. BILL OF LADING NO.	